SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

16 X 17a 17b 17c 17d 18
19a 19b 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)

Full Name (Last First Middle Initial)		
Full Name (Last, First, Middle Initial) MRS. MARGARET C. GINDER		Transaction ID : SA17.824270
Mailing Address 20322 STONE MOSS		Date of Receipt 11 03 2015
City	State Zip Code	1. 2010
SPRING	TX 77379-2527	CONTRIBUTION
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer	Occupation	1000.00
KSF ORTHOPEDICS, PA	REGISTERED NURSE	1000.00
Receipt For: 2016 ✓ Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	
Full Name (Last, First, Middle Initial) VALERY GINER		Transaction ID : SA17.1045755 Date of Receipt
Mailing Address 250 RIDGEDALE AVE., H-7		12 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City FLORHAM PARK	State Zip Code NJ 07932-1319	CONTRIBUTION
FEC ID number of contributing federal political committee.	С	CONTRIBUTION Amount of Each Receipt this Period
Name of Employer SELF EMPLOYED	Occupation CONSULTANT	100.00
Receipt For: 2016 ✓ Primary General Other (specify) ▼	Election Cycle-to-Date 300.00	
Full Name (Last, First, Middle Initial) VALERY GINER		Transaction ID : SA17.1110836 Date of Receipt
Mailing Address 250 RIDGEDALE AVE., H-7		12 31 2015
City FLORHAM PARK	State Zip Code NJ 07932-1319	CONTRIBUTION
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer SELF EMPLOYED	Occupation CONSULTANT	100.00
Receipt For: 2016	Election Cycle-to-Date 300.00	
Subtotal Of Receipts This Page (optional)		1200.00
Total This Period (last page this line nu	mber only)	